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HÆMOPHTYSIS—ITS CAUSES, SEQUELÆ AND TREATMENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have thrown together some reflections on the pathology, treatment and sequelæ of hæmoptysis, which I submit for your examination, with a view to publication in the Journal. Some of the notions may vary slightly from the common doctrine of books and the schools—but if so, they will be open to criticism from yourself and the profession at large; and harm can never result from a free, open and generous discussion of any subject.

Hæmoptysis, from what I have been able to gather in an experience of twelve years' practice, occurs in three conditions of constitution. First, and most frequent (perhaps in nine cases out of every ten), in those predisposed, by hereditary influence, to true tubercular *phthisis pulmonalis*. Secondly (and rarely), in those of correct constitution, with vigorous health and active circulation, from accidental causes; such as foreign substances lodged in the trachea or bronchial tubes, causing such violent cough as to rupture some of the bronchial arteries; mechanical injuries from falls, blows, &c.; and also from sudden and very violent physical exertion, or from moderate exertion continued to exhaustion. Thirdly, *vicarious*; or taken on to do the office of some glandular secretion, or make up for the suppression of some critical or constitutional discharge. Some other divisions have, I believe, been made; but any general distinctions beyond the three above named, are, I think, more specious than practical.

I propose, as briefly as may be, to offer some remarks on each of the above, and perhaps detail some cases in illustration of the sentiments advanced.

Hæmoptysis of the first division, I believe to arise from absorption and thinning of the vessels, which yield, from pressure DIRECTLY, by the *increasing* volume of the tubercular mass or masses; and from *remote* causes connected with inheritance, and cachexia proceeding from a want of proper powers of nutrition and assimilation. I am aware that we have been told that a condition of plethora, or a something in which the vessels are over distended, is a cause; and also that ulcers corroding the vessels induce pulmonary hæmorrhage in this kind of constitution. I would submit to the profession whether we *see* those evidences of what we understand by plethora, in this kind of patient, before an attack of spitting blood? True, we may see a quick, irritable pulse for weeks, perhaps months, before the attack; but may not this, with the alternate

pale and flushed cheek, the absorption of fat and muscle accompanying, be better attributed to the depraved assimilation than to plethora or congestion. I would again ask, what is the cause of this emaciation? Are tubercles developed often in the pulmonary mass before puberty, and while the digestive and assimilating powers are generally in full and healthy activity? Or do we hear from them in the adult so long as the stomach and other assimilating organs do their normal duties; or only after loss of appetite, a sharp anxious countenance, with emaciation, proclaim that deep mischief has been already at work? Once more: does hæmoptysis occur after actual ulceration has taken place? Who has seen it if it does? Is such an occurrence frequent? For my own part, I have never seen a case of the kind.

But without stopping longer to discuss the pathology of hæmoptysis from this general cause, let us glance for a moment at the appropriate treatment. I may here premise that the after management of the patient becomes generally a matter of more serious consideration and anxious difficulty than during the immediate hæmorrhage. Few die of the direct bleeding, and those who do, where left to the efforts of nature alone, would most probably die with the best endeavors of art. The condition of the patient is, long before the attack, one of danger; and the bleeding is the urgent flag of distress hung out, which first warns the patient and his physician of the deep mischief within. What, then, shall be done during the attack? On this head I have little to offer—although I may say that the strongly-emphatic stress laid upon venesection has induced many young practitioners to carry the lancet too far. I would not for a moment dispute but the lancet may become *indispensable* in some of these cases—but I affirm that a majority, and that a vast one, will yield to the judicious use of appropriate styptics—to free draughts of cold water, conjoined with powerful rubefacients to the feet and legs, to the wrists and arms, and, if need be, to the surface of the chest, even; and while I would not deny that the lancet, as before admitted, may sometimes become indispensable, yet I *know* that every drop of blood lost beyond stern and actual necessity, as well as *all* debilitating operations, become sources of after difficulty, and hasten the fatal tendency of the disease.

But how shall this kind of patient be managed after an attack of hæmorrhage? What shall be done to quiet this tumultuous action of both nervous and vascular system? What shall be done for this short, quick cough, this straitened respiration, pain in the chest, quick, firey pulse—in a word, if you please have it so, for this inflammatory action? Shall we continue to make farther draughts upon the constitution by the abstraction of more blood? Shall we destroy the digestive powers by *tart. ant.* or other nauseating drugs? Shall we prostrate the system with daily or tri-weekly emetics of *sulph. zinc.*, alternated with depressing doses of *digitalis*? Such a course I *have* pursued; and the same course have I seen pursued by my more lofty brethren—men who had mounted far on the ladder of fame, and whose names were known beyond the confines of their own State: but for my own part, I follow it no longer—and from what I can learn of my neighbors, and the few Medical Journals to which

I have access, I believe such management is fast becoming numbered with the things which *have been*. Has this kind of treatment saved patients thus circumstanced? I have not seen it do so. All whom I have known thus treated, have gone down to the tomb of the consumptive. Far better were it to leave the case to the unaided efforts of nature alone, than thus hasten to a more active progress the tendency to death.

But is there any other course which, from theory or experience, may offer us better hopes? There is: and one, too, from which—although we may not save our patient to life and usefulness—we may draw the consolation that at the least we have done nought to hasten the fearful results.

The first thing necessary is, to *improve the tone of the digestive and assimilating organs*; and this, of course, carries with it the *restoration* of suppressed, and the *correction* of depraved secretions. Let a *clean skin*, procured and maintained by daily tepid ablutions and vigorous frictions, obtain freedom to the perspiratory function. Let mercury, in proper dose, and appropriate preparation, give tone to the stomach and liver by direct stimulation of the nervous and sanguiferous systems; and conjoined with it, let conium calm both vascular and nervous tumult and induce sleep—while in union with the mercury it becomes one of the best deobstruents in the *materia medica*. But some are ready to ask, “Is mercury a tonic?” “Do we not exhibit it in union with the lancet to cure inflammatory fever, and local inflammations producing general fever?” I shall never forget the answer I heard an old patriarch of the profession give to a young man, not eight months since, in reply to this very question. “Young man,” said he, “let it be the prime article of your medical creed, that the first and only proper action of mercury, and one beyond which it should never be carried, is a tonic—a stimulant action; and that in such action it searches out, permeates and pervades every fibre of the animal machine.” And this is true—for while we admit it cures inflammation, it does it (as does also the lancet) by these stimulant, tonic, or direct powers of exaltation to the animal economy. “But,” continued the old veteran, who has been in the harness more than forty years, and is now, with his snowy locks, but firm tread, open manly brow and flushing eye, able to outwork half a score of the younger physicians who have grown up around him; “but,” said he, “remember that salivation is *not* the *medical action* of mercury, any more than is torpor, insensibility, convulsions, *DEATH*, the true medical action of opium; and with almost the caution you avoid the one, should you shun the other also.” I confess myself more than half a convert to the eloquent old man; and since that time have prescribed it oftener, but with much greater caution than ever before.

It seems, however, proper that I should enter somewhat more into detail of the favorite management of these cases. It is perhaps unnecessary to say, I would follow the same general course in all cases of incipient tubercular hereditary phthisis, whether there had been previous hæmoptysis or not. After premising the *clean skin* as before—and when in any wise possible to be borne, a somewhat active exercise in the open air,

by either carriage or *manual labor*—I order my patients two grains of blue mass, made up with from three to five grains of the *inspissated juice* of conium, every evening at bed time; and through the day free draughts of mucilage, with *minute* doses of iod. potass. (I will tell any of my medical brethren where I got this notion of *minute* doses of iodine, spread out in large quantities of fluid, should they ask me, and will *now* say I abhor homœopathy in all its phases), say five grains to the quart, the whole to be taken during the twenty-four hours. Under this management the appetite will increase, the quick pulse and feverish tumult will be calmed, and general anxiety be exchanged for a feeling of comfort and confident hope. It seems strange (*if* the fact be not fanciful) how long the blue mass may be taken, in this dose and combination, without inducing sore gums or fetid breath. I have during this very winter kept a young man some twenty-five days, without missing one evening, on this very pill, and not the least sign of its effects, save increase of appetite (which he was allowed to indulge, even to the free use of fresh beef), improvement of strength—in a word, a rapid advance towards convalescence. Does the combination of the mercury with the conium restrain, or hold in check its salivary powers? I am inclined to believe, and hope, it does. After carrying the mercury as far as the judgment of the physician may approve, it should be withheld for a longer or shorter period—continuing the conium with more free doses of iod. potass., and thus alternating till the recovery be complete.

“But *will* this course arrest the progress of incipient phthisis, and prolong life, if it do not cure the diathesis?” In answer, I may ask the profession if they have seen *other* means or management succeed in arresting it? If not, then will they find no objection in making a trial of this. But this communication is already spun out too far. I have notes of some cases bearing upon this matter, which (if you publish this) I propose to write out in illustration of what is here advanced—and also notice the two other varieties and some illustrative cases.

U. POTTER, M.D.

Hallville, Mont. Co., N. Y., March 6th, 1846.

PRISON DISCIPLINE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—That the present punishment inflicted for the suppression and correction of crime, is poorly adapted to its purpose, is evident from the daily multiplication of criminal cases, and the various incentives constantly springing into existence under new forms, for its commission. And that society may be protected from the inroads of vice as it exists under its many cloaks for the infliction of injury, are we not called upon to devise some more effective measures to restrain its exhibition, and overcome the inherent predisposing cause? Should we not, as wise physicians, investigate and balance well the causes that conspire in their simple and combined forms, to debase the mental and physical man, render-

ing him capable of committing the most atrocious crimes, so that remedies may be adapted to the peculiarities of his disease?

The punishment now resorted to for the correction of vice, is single in its form, graduating itself, for its various stages, only by different degrees of severity in its administration; thus we have for every variety or species of moral disease, when it passes the boundaries of law, but one remedy, which with a limited variation of severity is deemed sufficient to correct and suppress the exhibition of propensities to which it has no counteracting analogy. As an illustration—the drunkard is confined within the walls of our prisons for the manifestation of a propensity for stealing or other crimes, engendered by intoxication; and by the hard treatment which it is thought necessary to inflict, we find, from sad experience, that he is confirmed in his habit, and becomes still more reckless in his course, when liberated, viewing the world with suspicion, and feeling the full force of his own shame. This often causes him to premeditate crime, and commit it while experiencing intoxication, and this leads to re-incarceration and the fellowship of companions equally debased. And in his case—which may be considered the source from which originates a large proportion of the crimes committed—his reformation, which should result from the punishment inflicted, as the object of legislation, is lost sight of; or the remedy applied offers, in a majority of cases, but a single result—that of a temporary restraint upon the physical strength and propensity, which craves the stimulus that leads to the formation and exhibition of the baser attributes of mind, and qualifies him for the commission of acts at variance with the well-being of society, and the laws which regulate its forms and mutual responsibilities.

Now in order that he shall recognize and acknowledge the justice of law, and feel that its punishments are dictated for his benefit by effecting a reformation in the diseased manifestations of his character, is there not a change called for in the remedial treatment of crime; by modifying the appliances for the administration of punishment, by adapting them to the peculiarities of the constitutional and predisposed vicious developments of character? Our prisons, at the present time, present a uniform appearance with regard to their regulations and facilities for physical and moral treatment, being destitute, in many instances, of the comforts required for healthy physical support, and are deprived in every case of proper resources for moral impressions. The inmates being often congregated together without discrimination, or regard to peculiarities of persons or the crimes committed, and the causes which induced them to act under the impulse of temptation, they are frequently subjected to the influence of those who have long travelled upon the road of vice and have become acquainted with all its stages, and are ever ready to initiate the novice, and find means to compel him to acknowledge their power. Thus, instead of answering the ends of punishment, it but aggravates and proves the nursery of crime.

And why is it that the miserable inmates of our prisons are neglected, and doomed to suffer punishment, which, from its character, only tends to aggravate their depraved dispositions, while the raving maniac, although

the same causes operated to excite actual disease, however heart-rending the acts he may have committed during the paroxysms of fury, is deemed a fit subject for successful experiment! Are they not clothed alike with the same forms, and endowed with the same immortal principle? And were they not at some period enjoying the same prospects with ourselves? Who can judge of their temptations, or boast of their own powers of resistance, had they been subject to like trials. Then why withhold from them our compassion and pity, and every laudable effort for their reformation? That we have passed from youth to manhood untainted, we should be thankful; and it is our duty to recollect the unfortunate victim of temptation, who may have possessed intellectual power superior to our own, and the elements of morality; but from a slight deviation in the beginning, which failed to alarm the guardian of virtue, he passed on from stage to stage, while the initiatory features of vice became familiar, and he was only called to reflect upon the bounds which he had passed unheeded, by the startling proposal of some more degraded companion, who seeks to lower his fellows to his own level. Thus we were all liable to fall from the slightest deviations of our youth, which exposed us to the influence of those older and more deeply involved in the intricacies of vice. And it is truly wonderful, when we review our past acts and exposure, to think of our many escapes from the fascinations of vice, cloaked as it is to unsuspecting youth, until he finds himself, when he attempts to escape, closely involved in its meshes.

That the self-degraded victims of vice should receive our pity, and such moral and physical treatment as shall tend to restore them to a sense of their moral and social responsibilities, and the cultivation of those faculties capable of eliciting self-respect, must, upon a knowledge of their state and the causes that reduced them, be apparent to every one. And that they are deprived, by the present system of discipline, of much that would tend to again fit them to become honest and responsible citizens, is equally evident. In view of which, should not greater efforts be made to redeem them from the misery of their present condition, and thus relieve society from the dread consequences of having them cast loose without deriving benefit from their period of confinement. That they are capable of receiving and profiting by proper moral treatment, there can be but little doubt, however aggravated their course may have been. And as the trial can be made without hazard, to a greater extent than has yet been done, what shall prevent the introduction of a properly-devised system, capable of thoroughly testing the influence of healthy moral treatment?

Yours respectfully,

R. E. S.

HUMAN FOLLY AND MEDICAL QUACKERY.

[A RECENTLY-PUBLISHED work has the following article in it, which a venerable friend desires to have transferred to the pages of the Journal.]

But leaving politics, for the while, we here turn, and come nearer home, for an illustration of our important subject. The multiplicity of

"fools" is the joyful occasion, as even every *charlatan* knows, of the present flourishing condition of the practice of *physic*, in all civilized countries; and in no place, State or province, is it more so, than in this State of Maryland; and in no city more than in this of Baltimore. (A large portion of this sermon, reader, was gotten up and first preached several years since, at the request of the late learned and celebrated Dr. Nathaniel Potter, one of the founders, and for a great part of his after life "Dean, and Professor of the Theory and Practice of Medicine, in the University of Maryland.") We here speak in the spirit of pure philanthropy and philosophy; as we were in early life made familiar with the theory and practice of medicine, in its various aspects and operations. Yes, to the *folly of mankind* medicine is indebted, at once, for *more than half the diseases* on which it operates, and for *all the fame of its principal remedies*.

We look upon a well-stored apothecary's shop, as a *standing monument of human credulity and mental imbecility*; yes, the blue and pink bottles, in its *illuminated windows*, are with us like a *pharos*, shining over the sunken rocks of the owner's shallow qualifications. Among the rich variety of its accumulated *disgusts*, there are, at most, not generally more than some half dozen drugs, which skill, peradventure, can turn to any valuable account. The rest are never better than the innocuous instruments of *fool-catching*. Too often they are either positively or negatively *poisonous*; at least when in the hands of Thomsonian and legislative *empiricism*, which of late has striven to set regular colleges, regular professors and learned corporations at defiance. Even the "Legislature of Maryland," at a time, expelled the founders and approved professors from their University; * * * * and thus, wisely no doubt, *ruined the only ornament of the kind they then had in the State!*

We do not, however, intend to state, that the worst *quacks* are always to be found among those of no regular diplomas—or among those who disguise the implements and ingredients of their *trade*, beneath the mystery of some "*stamp*." No two things can be more distant, than the *trade*, and the *worthy profession and practice* of *physic*. The qualified professor correctly administers to the maladies of his patient; but the *charlatan*, or trader, to his passions. Our professor acquires competent skill by anatomizing the dead; while your *charlatan* or trader thrives only by cutting down all the living he can allure within his power! Yes, if to flattery and slander he adds a delusive dash of hypocrisy; and can prove his competence in medicine by his skill in "*culling simples*" (we mean repeating scraps in *theology*), his fortunes are made! Yes, believe it—the *fools*, the *million*, fall to his share; and, of course, he thrives—whilst the *learned professor*, possessing the patronage of only *wise men*, who generally need but little medical aid, starves by inches, upon this limited custom; and sometimes dies, in disappointment. O yes, we preach thus much, most honestly, on the *importance of "fools,"* in order to the *success of charlatans*, in the *practice of medicine*.

VACCINATION.

[FROM the columns of the National Intelligencer the following rules in regard to vaccination have been extracted. They were written by Dr. Gideon B. Smith, of Baltimore, who is a man of experience and critical observation. From a wish to present the profession with every fact within our reach, in regard to the laws of vaccination, at a period when the smallpox is prevailing extensively over the whole country, these observations are quoted. He seems to refer exclusively to *scabs* in vaccinating.]

1st. Vaccine matter should always be selected, and none taken except from perfectly healthy subjects.

2d. The longer the pustule continues after vaccination, the more perfect the protection will be, and the better will be the matter to vaccinate others with.

3d. As a general rule, I would take no matter from any subject to vaccinate others with, that had not passed at least fifteen days from the time of vaccination; I should never take matter from any patient that had broken the pustule by scratching or any other means; nor if local inflammation had been caused by taking cold or otherwise.

4th. The patient should be examined on the fourth day after vaccination. If there be any doubt as to its having taken effect, he should be vaccinated in the other arm. The patient should be examined also on the eighth or ninth day. If there be no fever or other constitutional symptoms, such as soreness of the axillary glands, &c., he should be vaccinated in the other arm. He should be seen again on the sixteenth day. If the pustule shall have become dry, and crust perfect, it should be taken off, if it can be; if not, another examination on the seventeenth or eighteenth day will be necessary.

5th. If the pustule dries up, forming a scab before the fifteenth day, I should consider it imperfect, and vaccinate the patient again. Because in many cases the vaccine disease is a mere local affection; and when it is so, it can, of course, afford no protection against smallpox. This local character is readily seen in the absence of fever on the eighth or ninth day, absence of soreness in the axillary glands, and in the short duration of the pustule.

6th. I recommend re-vaccination in all cases in which there is any doubt of previous efficacy. In such cases I never depend upon the appearance of the scar, nor the memory of the patient the first time. If this be not satisfactory, according to the above rules, I re-vaccinate.

I have never seen a person that I *knew* had been perfectly vaccinated, take either vaccination a second time, or varioloid, or smallpox.

The scar is not to be depended upon. It can only inform us that vaccination had been *attempted*. The pustule may have been scratched or opened in some other way; a common sore may have left the scar. Non-medical people are not good judges as to the perfection of vaccination. I have, in numerous instances, produced the perfect vaccine disease in persons that showed good scars, and who said they had been well vaccinated, that their arms were *very sore*, &c.

I was vaccinated in the fall of 1818; I have repeatedly, even an hundred times, vaccinated myself since. Last fall (1845), particularly, I vaccinated myself ten times; but it did not, in any one instance, take effect. When the smallpox was so prevalent in the years 1822, 1823 and 1824, I was constantly amongst it, often having a hundred or more patients at a time among the poor. I never had the slightest symptom of the disease.

I believe the present prevalence of smallpox to be owing to inattention to patients after the insertion of the virus. The common price for vaccination (\$1) is a mere nominal affair; it does not pay a physician for even three, to say nothing of *four* visits. Hence it is often the case that the physician inserts the matter in the arm, and never sees the patient afterwards. The mere fact of operation satisfies the patient and his friends. It may not have taken effect at all; it may have taken, but some accident has destroyed its effect upon the constitution. And hence this great preventive of one of the most terrible scourges of the world is brought into disrepute. I do not believe that the preventive effects of *perfect* vaccination ever "wear out." My own experience is upwards of twenty-seven years. From 1819 to 1822, inclusive, I vaccinated upwards of 33,000 persons. I have seen great numbers of them since, time and again, but have never found one that had taken varioloid or smallpox. But I have always been particular in the selection of matter to vaccinate with. I prefer that which has been on the arm full fifteen, and from that up to seventeen, eighteen, or even twenty days; and that from *full grown persons, when possible*; robust and healthy patients always—rejecting that from all others. I never take matter from doubtful sources.

I feel very certain that, if these hints could be taken and acted upon by all our physicians and the people, the smallpox would be completely extirpated in a month. I offer them with much diffidence, and certainly with due deference to the faculty.

DISEASE AND DEATH CAUSED BY FEIGNING SICKNESS.

MANY readers will remember the conviction, for robbing the mail, of Dr. John Braddee, of Uniontown, Penn. The circumstances of the robbery and the conviction were remarkable. He was sentenced, in 1841, to ten years imprisonment in the Western Penitentiary of Pennsylvania, but did not live to serve out his term, having died recently in his cell in the Penitentiary. Braddee was doubtless the most extensive mail-robber in the Union, having committed depredations to an amount exceeding \$100,000.

The Pittsburg Journal gives the following account of his case:—Shortly after his incarceration, he conceived the idea of his liberation, by simulating a decline of health. For this purpose he would prick his gums with the awls, which were supplied to him in the vocation he had chosen, that of a shoemaker; and having saturated his towel with blood, was always prepared for the stated visit of physician, or chaplain, with

this evidence of a dangerous hemorrhage of the lungs, to which he was always careful to add, a difficult and painful respiration. His physician was able, sometimes, to engage the suffering doctor in conversation, in which he would become sufficiently animated to forget his painful breathing; but, on the instant that he would recollect himself, the difficulty would return. These practices, it is believed, brought on the disease which terminated his life, and he died at last of pulmonary affection. Until two weeks before his death, his disease had not assumed a formidable type, but then he began to sink rapidly.

Up to this period he had steadily and vehemently asserted his innocence of the crimes imputed to him, but as soon as he became convinced that his recovery was impossible, he confessed his guilt. It is worthy of remark, also, that the doctor, who had gained an astonishing reputation as a physician, determining or pretending to determine the precise symptom in any case of disease, by an examination of the patient's urinary discharges, felt constrained by approaching death to confess that his system was nothing but a humbug. His success in this humbug is another evidence of his shrewdness of character. He stated that it was his practice, on making a professional visit, to which he usually rode on horseback many miles, to hear the first representations about the state of the patient, and then he would decline making any examination, or prescription, on the plea of fatigue or hunger, or both, until he should have rested and eaten. It never failed, he said, that during the interval of preparing the meal, and lounging about for repose, he could gather from the inmates a tolerably full history of the case to which he was called, so that when he came to an examination of the *signs in a vessel*, he was generally able to read back a pretty full and accurate account of the several symptoms which distressed his patient. This gave him a tremendous reputation at once, although his *cures* were not astonishing. The vast income he derived from his dupes is well known.

It is known that Braddee's wife, who clung to him during his trial, and suggested by her presence and the signs of affliction, that dreadful apostrophe to love in anguish, with which Mr. Biddle, in Braddee's defence, electrified the crowded auditory, had been unfaithful to her vows, and married another during Braddee's imprisonment. He was not made acquainted with the fact, and for the five years he was in confinement, he was fond of an occasion to talk "about his wife and children." He spoke of them in terms of warm affection; and undoubtedly his desire to recover his liberty was stimulated by an attachment to them; even after he became aware that he must soon die, he desired to be at liberty, even if it were to die in a barn, to the end that he might not die a prisoner. But so soon as he learned the conduct of his wife, he instantly ceased to wish for freedom. It was the final blow to the poor convict, the unexpected thrust, like that which extorted the memorable *et tu Brute*, commanding surrender; and, poor fellow, he gave up at once. He never after mentioned wife or child, or desired to move beyond the limits of his cell.

SPONTANEOUS CURE OF PHTHISIS PULMONALIS.

[PROFESSOR J. C. CROSS, late of the Transylvania University, writes as follows, from Paris, for the West. Med. Journ., on this important subject.]

It is not uncommon to find, in *post-mortem* examinations, puckered depressions, generally at the summits of the lungs, which are considered as the result of ancient cicatrices in those who have not fallen victims to pulmonary consumption. Dr. Bennett, it appears, has recently been prosecuting the investigation of this subject in the Royal Infirmary of Edinburgh, and he found old cicatrices of the lungs in 28 cases out of 73 ; and this result, added to that obtained by MM. Rogee and Boudet of this city—for they have been inquiring into the matter also—establishes the fact that phthisis has been spontaneously cured in one third, if not one half, of those who die after the age of 40. This result, which is opposed to the common opinion, and which reposes upon facts that it is impossible to attribute to any other cause, is not, however, contradicted by what we know of the chemical and organic composition of tubercles, or with what we have been taught by the study of their development. Indeed, all that we certainly know of the chemical composition of tubercle, is reduced to the established fact that in the first period of its development it differs from lymph only because it contains more albumen, and in its latter period more earthy salts. As to its intimate organization, it is certain that it is not of the nature of the malignant tissues, cancerous for example ; and notwithstanding the opinion of MM. Gulliver and Vogel, who contend that it is not organized, we can detect traces of cellular organization, but much more numerous granulations and variously-formed corpuscles that cannot be easily described, but which are readily recognized when they have been once distinctly observed. Two opinions prevail as to the formation of tubercles. Some ascribe them to inflammation, and others to a peculiar and vitiated state of the constitution. Now, neither of these are irreconcilable with the idea that phthisis may be spontaneously cured. The only difference, in truth, between tubercle and the products of ordinary inflammation, consists in the absence in the former of all disposition to become organized ; tubercle presents granulations and imperfect cells, while in the products of normal inflammation all the elements are perfect. Now, as these two different products are formed by the exudation of the *plasma* of the blood, the essential distinction between them should be found in a difference in the composition (chemical and vital) of the *plasma* of the blood that enters into their composition. Hitherto chemistry has reflected no light upon the exact nature of this difference, but it is probable that it results from the presence of *protein*, which has not so great a tendency to become organized as fibrin, and it is quite certain that when tuberculous matter is reduced to the molecular state by disintegration, it may be as readily observed as the products of normal inflammation. If, therefore, there is nothing in the nature of the elements of tubercle to prevent their absorption, there is no reason why we should refuse to regard the cicatrices found most generally in the summits of the lungs, where we know that the tubercles are most commonly deposited,

and when, too, they are discovered in aged persons who have died of other diseases, as evidence of the previous existence of phthisis pulmonalis, and of its spontaneous cure.

The treatment of tubercular consumption has heretofore been almost exclusively directed on empirical principles, and consequently no one has furnished absolutely useful results. Perhaps it would have been otherwise had we observed the course pursued by nature in the cures that have been spontaneously effected. This we have endeavored to do, and, we think, not without encouraging results. But two indications need be observed in the management of those threatened with, or actually laboring under phthisis. First, the morbid state of the blood that results from imperfect nutrition; and secondly, the local inflammation that produces an abnormal secretion—a secretion containing the elements of tubercle. These are the indications which Dr. Bennett points out, and to which he invites the particular attention of physicians; but if the reader will take the trouble to refer to the *Western and Southern Medical Recorder*, he will find them laid down by the editor, and dwelt on in a sufficiently full and explicit manner. All the information we have on this subject—derived from the researches of chemistry, morphology and physiology—go to show that the state of the blood, in the first place, is mainly attributable to an excess of oxygen in the economy, which combines with the tissues—causes their destruction, and produces acidity of the alimentary canal—and afterwards to an excess of azotized or albuminous matters, and at the same time to the absence of carbon and oleaginous matters in the chyle, the blood and other tissues, with the exception of the liver, which is the great emunctory of fatty and carbonaceous matters. There are then three objects to be kept constantly in view in the treatment of phthisis. First, to remedy the dyspeptic state of the alimentary canal, particularly the acidity of it which too frequently abounds; secondly, to direct such articles of food to be eaten as promise to form a suitable kind of chyme; and lastly, to subdue local inflammation. There are various means for the first purpose, but Dr. Bennett particularly commends mixtures with which he has perfectly succeeded in some cases, and with which he has subdued vomiting that had triumphantly resisted all other modes of treatment; the second is to be attained by a proper regimen; digestible food, milk, oleaginous and albuminous substances, and an equable climate, the tendency of which should be to diminish the excess of oxygen; of these means, Dr. Bennett particularly recommends cod-liver oil; and the third should be counteracted and controlled by local blood-letting—cups are preferable to leeches.

CHLORINE IN SCARLATINA.

By Charles Maitland, M.D.

THE administration of chlorine in scarlatina, recently recommended by various practical writers, is attended with a theoretical difficulty which is likely to prevent many from fully testing its power of disinfecting the poisoned secretions. I refer to its liability to produce corrosive sublimate,

by combination with calomel previously introduced into the system. My object in troubling you with this paper is two-fold : to draw the attention of your readers to the remedy, and its mode of exhibition ; and also to obtain from those who have tried it, such assurance of its safety, or description of the cautions necessary, as may embolden others to employ it.

The formula for preparing chlorine in solution is given in Dr. Watson's "Lectures on the Practice of Physic," vol. ii., p. 764, second edition. A drachm of chlorate of potash is there ordered to be dissolved in an ounce of hydrochloric acid, previously diluted with an ounce of water. This proportion of water is too small, being neither sufficient to dissolve the chlorate, nor to retain the gaseous chlorine in solution at the ordinary temperature of a chemist's shop. I should therefore recommend two ounces of water to ensure uniformity, and this in addition to the usual precaution of a well-stoppered bottle, and a dark place for its preservation.

That such a solution of chlorine, even when highly diluted, will convert calomel into corrosive sublimate, is easily proved. After some preliminary experiments, made to determine the general fact, I mixed together six minims of Dr. Watson's solution of chlorine, two ounces of water at 60° Fahrenheit, and two grains of calomel. After ten minutes, a drop of the fluid placed upon polished gold, and touched with a steel point, yielded a perceptible amalgam ; and after fifteen minutes a decided amalgam was formed. After thirty minutes, iodide of potassium gave a pale scarlet precipitate.

A similar mixture at the temperature of 98° Fahr. yielded traces of mercury by the amalgam test, after five minutes' digestion.

Two ounces of warm infusion of tea, with some tea-leaves, milk and sugar, were mixed with six minims of solution of chlorine, and two grains of calomel. After an hour, all smell of chlorine had disappeared, and no trace of amalgam could be obtained during the next sixteen hours.

From these experiments, it would seem that the formation of corrosive sublimate by the co-administration of chlorine and calomel, depends upon the amount of organic matter present in the stomach and bowels ; a condition which materially affects also the disinfecting power of chlorine, if we may judge of the processes within the body by that which takes place without it. Experience, therefore, must decide the question, whether chlorine can be both safely and effectively given to persons already influenced by mercury, or taking it at the time.

After fasting for five hours, I took at bed-time two grains of calomel, and immediately after, three ounces of water, containing six minims of the solution of chlorine. A dull pain and heat over the umbilical region during the night, with the griping usually attributed to the action of mineral acids together with mercury, were the only unpleasant symptoms that followed ; but next day there were, slight coppery taste, looseness of the teeth, and a little grey edging to the gums, never before produced by the same dose of calomel alone. There is therefore reason to suppose, that if followed up by repeated doses of solution of chlorine, the *Draco mitigatus* would have altogether forfeited its claim to the appellation, and under some circumstances disagreeable results might occasionally follow.

—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 25, 1846.

Clinical Introduction to Auscultation.—Messrs. Ticknor & Co. have sent us a copy of a neat publication, in the form of a compact duodecimo, containing 270 pages, bearing this title—"Clinical Introduction to the Practice of Auscultation, and other Modes of Physical Diagnosis, intended to simplify the study of disease of the lungs and heart, by M. H. Hughes, M.D., Assistant to Guy's Hospital," &c. Of course, it is a reprint, and from the press of Messrs. Lea & Blanchard. There are seven chapters, in which the whole subject of auscultation is considered in detail. The first chapter embraces preliminary observations and directions; 2, inspection or ocular examination; 3, palpation or manual examination; 4, percussion; 5, auscultation or examination by the ear; 6, mensuration or examination by admeasurement; and 7, succussion or examination by shaking. Opposite the title-page is a well-defined lithographic plate, representing the body laid out into various domains, by lines at right angles, so that a direct assistance is given the student, in finding the locality of organs.

These manuals are evidently increasing, but no one should regret their multiplication, since the more instruction we have, in the simplest form, and at the most economical price, the better for students and young physicians—and, above all, for society at large. This, with Dr. Bowditch's recent book, would put one in possession of the latest instruction in this department of practical medicine.

Massachusetts General Hospital Report.—A copy of this annual messenger—being a report of the board of trustees to the corporation, in January last—shows that it enjoys, to the fullest extent, the public confidence. In 1845, 285 male and 168 female patients were admitted. The deaths from January to January, were in the proportion of 1 to 12 only. One quarter of the free patients were female domestics. The expenses of the institution in Allen St. for 1845, were \$16,090 73. Appended to this document, is a report of the medical superintendent of the McLean Asylum for the Insane at Somerville, which is connected with the Massachusetts General Hospital, and which will form a separate notice.

Mahomedan Physicians.—A Bostonian, Thomas Wells, Esq., who has travelled extensively over the eastern part of the world, has written a book, entitled "Letters on Palestine," containing a vast variety of curious information, fitted to the benefit of all classes and ages of readers. On the 177th page, a notice of the medicine-taking propensity of the Sultan's obedient subjects, occurs, together with an illustration of the character and state of a hakim, or doctor.

"On our arrival at Zahle, we were beset with half the population of the place—some out of curiosity, some to get medicine, believing us to

be doctors in the healing art. A late tourist travelling in this direction gives an amusing account of a fat, jolly-looking dame, the picture of rude health, who insisted upon his feeling her pulse. It was in vain that he declared himself to be no hakim—physician. She would not be satisfied till he yielded to her request, and by assuring her that she stood in no need of medical aid. A dose of medicine would have been the most acceptable of all presents.

"Of the extreme eagerness of these people after physic, a ludicrous instance, related by the traveller just referred to, occurred at Constantinople. No person is allowed to practise there, as hakim, without a license from the Government, for which, of course, they are obliged to pay highly. A man had set up as doctor, without this diploma; the police were sent to apprehend him. Instead of seizing the culprit, they allowed him quietly to slip away, while they made a rush at his phials and gallipots, and swallowed, indiscriminately, the whole contents of his physic shop. Luckily, it consisted of simples only, and no harm was done.

"The practitioners in physic among the Mahomedans, are usually the barbers; in a country, of course, where every man's head is shaved, the professors of the healing art cannot fail to be numerous. Their knowledge of the science of medicine must necessarily be extremely confined. They perform a few surgical operations, says Dr. Hume, and are acquainted with the virtues of mercury and some standard medicines. The general remedy in cases of fever and other kinds of illness, is a saphie from a priest, which consists of some sentence from the Koran, written on a small piece of paper, and tied round the patient's neck."

Portable Vapor Bath.—A new and ingenious invention, by a medical gentleman of Boston, heretofore mentioned, is now in readiness for the public, as may be seen by reference to an advertisement in this Journal. It is not only curiously devised, but completely portable, which is a manifest improvement. A bath may be prepared in ten minutes, at a trifling expense, and without danger of soiling the apartment. Thus far, says a correspondent, it has the preference over the warm bath, which requires a large amount of fuel, and the important element of time, to heat a necessary quantity of water. Another recommendation of the apparatus is, that the temperature may be accurately graduated, and consequently adapted to the peculiarities of any individual case.

Physicians desirous of prescribing this form of medication, will be gratified with the convenient manner of using this curious invention. In families, what could be more economical, or, in fact, essential to health, than this form of bath? We begin to look with more than ordinary interest to this method of keeping the skin in a condition of health. Dr. Payne of New York University, Drs. Gibson and Jackson of Philadelphia, and some others of eminence in the profession, give this bath a high place in their estimation. Messrs. Carter & Wilson, druggists, corner of Hanover and Portland streets, are the authorized agents for New England.

Mineral Teeth.—If there is perfection in any one of the arts, the making of mineral teeth comes as near to it as anything within the circle of our observation. Specimens are exhibited that vie with nature, and really

astonish those who have no very accurate knowledge of the manipulations through which these artificial organs pass, before being in a condition for use. Philadelphia has been the general depot for the manufacture of teeth, for a long time. Of late, however, Messrs. Hanson and Ross have opened a manufacturing establishment in Boston, in which are produced pieces of workmanship of extraordinary beauty. Having examined, with much interest, some of their patterns, of single and double teeth, as united to constitute a perfect set, we can bear willing testimony to their perfection. All friends to the arts, and especially that art which contributes so much to improve the looks, the articulation and the ability to masticate food, must be gratified with the progress making in this department of human skill.

Mortality of Lowell in 1845.—Dr. Wells, the City Physician of Lowell, states that "the number of deaths reported during the last year was 363, differing but one from either of the two previous years. This must be regarded quite satisfactory, as indicating, when we consider the increase of population, a diminished mortality.

"In the course of the last year the smallpox has made its appearance five times, but without proving fatal in any case, and in but one instance has it extended beyond a single case. In other places similarly situated, this loathsome disease has prevailed extensively and fatally; and our exemption, under the circumstances, can only be accounted for by the efficient measures that have been taken, to secure a general vaccination of the inhabitants.

"Of the efficacy of vaccination as a means of guarding against smallpox, there can be but one opinion; and there is good reason to believe, that equal exemption from varioloid might be secured, if vaccination were repeated as often as necessary.

"It is to be regretted that a prejudice, unfounded, should prevent some persons from availing themselves of its advantages. That vaccination may, in constitutions strongly predisposed, prove the *exciting* cause of certain diseases, is not impossible; but that it operates in accordance with common prejudice, by transferring what are termed *humors*, from one to another, my experience in about 2000 cases leads me to disbelieve."

Water Treatment of Smallpox.—A witty writer in the New Hampshire Patriot, thus speaks of the newly-broached theory of water doctors, that smallpox may be prevented and actually kept at bay by their treatment.

"With regard to frequent ablution, being 'to some degree' a preventive, I hardly know what to say. This is a puzzle. The water is too deep for any but such as possess long legs, to enter with safety. I am not aware, however, that smallpox manifests any special predilection for 'those who are not cleanly in their habits.' If this shall be ascertained to be a 'fact,' as above asserted, then there are multitudes of medical writers who must revise and correct their treatises of this disease. It sometimes has the audacity to assail 'the upper ten thousand.' As to the pleasure or the profit of ablutions, I am not disposed to quarrel with the writer I am criticizing, but I think even in this age of aqua-mania, it will require other agents besides water, to prevent or cure some diseases. Yet I do not question that ablutions, if frequently and faithfully performed, will

not only 'to some degree,' but *completely* prevent the spread of '*spontaneous*' smallpox.

"Apropos, of water and hydropathy. The great burthen of all foreign letter writers and the themes of domestic scribblers are the praises of the water-cure. Our newspapers have become water-logged—the community grown dropsical. Our favorite authors are attacked with hydro-cephalus, and the whole civilized world fast becoming anasarcaous. It is a wonder if so constant irrigation should not dilute even the intellects of those who seek its sanative powers. Some seem already to have reached a 'degree of dilution' to which the fanciful dreamer, Hahnemann, only alluded. Mankind seem to have slept in profound ignorance, since the creation, that they were daily swallowing, only as a beverage, the great and universal panacea, when it ought to have been taken as a medicine. But drinking and bathing *scientifically* is the only way to develop its curative properties."

Apothecaries in Chili.—Capt. Wilkes says that they are chosen weekly to keep their shops open all night—and in case of sickness or requiring any aid, one has only to call for the *vigilante* (the policeman on street duty in cities) who takes the recipe and passes it to the next, and so on to the shop, where the medicine is obtained, and returned to the patient through the same speedy channel.

Public Health in Lima.—That city has the reputation of being healthy—but the author of the Exploring Expedition seems to think undeservingly. There is a continual dampness, giving one a cold, clammy feeling, uncomfortable as well as prejudicial to the preservation of health. The interments have annually averaged over 3500, in a population, according to the best accounts, of no more than 45000. Many of these deaths, however, he supposes were among strangers. From immemorial time the climate has been fatal to the Indians.

Artificial Warts.—A tribe of Negroes inhabiting a part of Africa, on the coast between the Nyambara and Nyango rivers, in about lat. 24 deg. 5', says Commodore Wilkes, of the Exploring Expedition, possess an art of raising prominent, fleshy tubercles or warts, that is quite mysterious to physiologists. The distinctive personal mark of this tribe, says Mr. Wilkes, is the most extraordinary of any (others, their neighbors, having lines and tattoos); it consists of a row of artificial pimples or warts, about the size of a pea, beginning in the middle of the upper part of the forehead, and descending to the tip of the nose. Of these they are very proud. Of the manner in which these singular elevations were produced, he continues, we were not able to learn. The slaves whom he examined at Rio Janeiro, having the symmetrical warts, appeared to be averse to speaking of the subject. Take it all in all, the process by which fleshy prominences are developed at will, to remain in a healthy condition through an entire life, baffles conjecture.

Compound Syrup of Actæa Racemosa.—The following formula for a syrup—something between the comp. syrup. scillæ and the simple syrup of

ipecac.—is highly prized by some of the physicians at the South. It is sent to us for insertion in the Journal by an eminent member of the profession at Washington, and is commended to the notice of readers.

R. Actæ racemose cont., cort. pruni Virgin., aa 3ij.; rad. seneka, 3j.; succ. glycyrrh. glob., rad. ipecac. cont., aa 3ss.; aqua bull., Oijj. Infuse the actea, seneka, liquorice and ipecac. in the boiling water, till it is cold, then add the pruni Virgin., and let it stand twenty-four hours; then strain and convert it into a syrup with sugar.

Views on Vaccination.—In the Journal of to-day will be found some observations on this subject by Dr. G. B. Smith, of Baltimore. While most of his views accord with the experience of discreet physicians, generally, that part relating to the kind of matter he prefers to use for vaccination, appears obscure. Instead of inserting pure lymph, we suppose he inserts fragments of crusts, since there is nothing else to be had from the arm at the end of seventeen, eighteen, or twenty days.

Diabetes Mellitus.—Mr. Hodges, of Downpatrick, narrates the case of a girl, 17 years of age, laboring under diabetes mellitus, the result of a severe fall, in which he adopted, with apparent success, the nitrogenizing plan of treatment proposed by Dr. Barlow, in the Guy's Hospital Reports, and also advised by M. Bouchardat. He prescribed the sesquicarbonate of ammonia in five-grain doses every three hours, with coffee and bacon for breakfast, animal food and cruciferous vegetables for dinner, and further directed friction of the skin, and warm flannel clothing. The poor girl, who at the date of this prescription was passing twenty-four pints of urine of the density 1.030, in the day and night, speedily improved; the secretion of urine diminished in four days to fourteen pints, the specific gravity continuing the same. This again fell in a few more days to eight pints, and that soon after to five, still, however, of the specific gravity 1.030. By the end of the month, the quantity of urine was about four pints in the twenty-four hours—pulse 60; tongue clean, appetite natural, and the girl said she never enjoyed such good health. The report about six weeks afterwards was that she had gained strength and color, and considered herself quite recovered. The effect of the nitrogenizing treatment in this case was well marked, and such as to warrant its adoption in other cases. In this instance the density of the urine continued very nearly the same, until the sweet taste had disappeared, when it was reduced to 1.020, and the secretion exhibited the color and smell of healthy urine.

New York Medical Schools.—The commencement of the College of Physicians and Surgeons (old school) was held on the evening of the 12th inst., and the degree of M.D. was conferred on 38 candidates. The valedictory address was delivered by Professor Beck.

The commencement of the Medical Department of the University of New York (new school) was held on the evening of the 11th inst., and the degree of M.D. was conferred on 131 candidates. The valedictory address was delivered by Professor Paine.—*N. Y. Med. and Surg. Reporter.*

New York State Medical Society.—At the last annual meeting of the New York State Medical Society, held at Albany, in February, 1846, the following gentlemen were elected officers for the ensuing year, viz.:

John McCall, M.D., of Utica, *President*; Stephen Hasbrouck, M.D., of New York, *Vice President*; Peter Van Buren, M.D., of Albany, *Secretary*; Peter Van Olinda, M.D., of Albany, *Treasurer*; John Stearns, M.D., Stephen Hasbrouck, M.D., *Delegates*, appointed to attend the National Convention, from this (First Senatorial) district.—*Ibid.*

Ligature of the Right Subclavian Artery.—The operation of tying the right subclavian artery as it emerges from between the scaleni, was performed at the Hospital, by Dr. J. Kearney Rodgers, on the 28th ult. The patient, a healthy Irishman, about 40 years of age, had an aneurism of three or four weeks' standing, of the axillary artery, about the size of an orange. Before the operation, the shoulder and arm were severely painful, but soon after the application of the ligature the pain subsided, and the patient is now comfortable.—*Ibid.*

Effects produced by Eating Diseased Potatoes.—I wish to describe a peculiar affection I have met with, and which I have invariably traced to the use of diseased potatoes. It is ushered in by rigors, hot skin, quick pulse, and pain in the abdomen. In the next stage, rose-colored patches appear, and as suddenly vanish, and, in the majority of cases, diarrhœa. In the third stage, there is a swollen state of the muscles of the neck, shoulders, and arms, with pain so acute that the patient will wince on the slightest pressure. Inability to raise the arms, pains in all the bones, a red erysipelatous state of the face and scalp, with œdematous swelling of the eyelids, so as to nearly close them. I have seen ten cases of this affection in three or four days, and in the same locality, all similarly affected.—Dr. O'BRIEN, in *Dublin Hospital Gazette*.

Medical Miscellany.—Dr. Joseph Maull, president of the Senate, has been sworn into the office of Governor of Delaware.—More than one hundred deaths, it is said, have taken place at Chillicothe, Ohio, within six months, from scarlet fever.—A Dr. Chambers, of Philadelphia, has been convicted of a conspiracy to procure abortion.

TO CORRESPONDENTS.—Dr. Knowlton's Lecture on "Thomsonianism" (we prefer the more correct term "Thomsonism"), will be given next week. A communication from East Tennessee, respecting the late appointment in Transylvania University, and Dr. Comstock's paper on Tobacco, will have an early insertion.

Report of Deaths in Boston—for the week ending March 21st, 46.—Males, 29, females, 17. Stillborn, 6. Of consumption, 13—suicide, 2—smallpox, 1—hooping cough, 1—typhus fever, 3—lung fever, 3—infantile, 2—apoplexy, 1—disease of the kidney, 1—brain fever, 1—dropsy, 3—dropsy on the brain, 1—abscess, 1—inflammation of the lungs, 2—convulsions, 2—mortification, 1—inflammation of the bowels, 1—scrofula, 1—measles, 1—teething, 1—croup, 1—inflammation of the brain, 1—scarlet fever, 1—cancer of the stomach, 1.

Under 5 years, 17—between 5 and 20 years, 2—between 20 and 40 years, 13—between 40 and 60 years, 10—over 60 years, 4.

On the Origin of Firm Bodies found in the Cavities of Synovial Membranes.—Dr. Bidder offers a new theory in regard to the origin of the firm bodies which are occasionally met with in the cavities of synovial membranes. He was led to form this opinion from an examination which he made of a substance evacuated from the knee-joint of a patient, who had for a considerable time been suffering from a swelling of the joint, and symptoms indicating the presence of a foreign body therein; a natural opening formed itself, through which a granular substance evacuated; the individual granules of which this substance was composed were uniform in size and general characters; they were flattened and oval, about a line and a half in length, three-fourths of a line in breadth, and half a line in thickness; they were of a yellowish-white color, presented no traces of a pedicle, and were held together in heaps of various sizes by a very small quantity of a greasy transparent fluid. They were highly elastic, and when cut into, presented, both to the naked eye and beneath the microscope, a perfectly uniform surface, there being no appearance of laminæ, of a nucleus, of a surrounding capsule, or of any fibro-cellular tissue; they presented none of the characters of epithelial cells, or of oval fat-cells. Neither ether nor acetic acid detected in them any traces of fat; they were unaffected by water, but by the action of alcohol were shrivelled up. From these facts it appeared to Dr. Bidder that the explanation offered by Meckel and Hyrtl respecting the formation of these bodies could not be regarded as the only one: these anatomists attributed their formation to pieces of fat, which are deposited on the outer surface of the synovial membrane, through which they make their way and pass into the cavity of the joint, where they lie free, and the synovial fluid of which they take up and convert into fat; but it seemed to Bidder very probable, that the epithelial cells were in his case, and so might be in others, the cause immediately concerned in the formation of these bodies; that the cells, under the influence of increased vascularity of the synovial membrane, are abundantly thrown off and accumulate in the cavity of the joint, where, by a process of endosmosis, or in virtue of their own peculiar vitality, they increase in size by abstracting nutritive material from the synovial fluid in which they are immersed. This view would seem to be especially favored by the large quantity of albumen which the little bodies contained, and by the uniform size which the gall presented.—*Oester Medecin. Wochenschrift.*

Physiological Application of the Microscope.—Dr. W. B. Carpenter having been recently engaged to deliver a series of Lectures at the Royal Institution, Manchester, on the Microscope and its Revelations, was invited, by a privately formed class of resident medical practitioners, to deliver, during his stay among them, a demonstrative course on the Physiological Applications of the Microscope; in compliance with which invitation, Dr. Carpenter gave ten lectures, illustrated by numerous drawings and microscopic demonstrations, in the Lecture Theatre of the Medical School, commencing December, 2nd, 1845, and terminating on the 23d of the same month. The information which was afforded, comprised nearly all the recent advances made in physiological science by aid of the microscope, more especially in regard to the modern doctrines concerning cell development.—*London Lancet.*